



Parking Violation Appeals Request Form

Must be submitted within 14 days of Violation date.

Return to the Parking Management office. Address listed below, fax 479-575-8250 or
e-mail to parking@fayetteville-ar.gov

Name: _____

Address: _____

City/State/Zip Code: _____

**E-Mail Address: _____

**** Your notification will be e-mailed unless you request otherwise.**

Phone Number: _____ License Plate Number: _____

Violation Number: _____ Vehicle Make: _____

Date of Ticket: _____ Location/Meter #: _____

Violation Type: _____ Violation Amount: \$ _____

Justification for appeal:

PLEASE DO NOT PAY THE TICKET while it is in the review process. No additional fines will be added. An e-mail** will be sent upon completion of the review. Please call the Parking Management Office at 479.575.8280 should you have any questions. Thank you.

We appreciate you visiting our downtown and hope you continue to enjoy the many attractions Downtown Fayetteville and our Entertainment District have to offer.

Signature

Date

COF Parking Management use only:

Associate Voiding Ticket: _____ Date: _____ Previous Issued: _____ Outstanding Amount: \$ _____

Date-Time-Initials when form received: _____

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